THE

BOSTON MEDICAL AND SURGICAL JOURNAL

VOL. LXXVII. THURSDAY, NOVEMBER 14, 1867. No. 15.

RECORDED CASES OF VACCINATION.

By CHARLES E. BUCKINGHAM, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE little breeze about vaccination, which was excited a few weeks since by Dr. Cotting's article in the JOURNAL, might be made of service to the profession, if gentlemen who keep records of their cases would publish their experience. I shall venture to offer mine, being an account of all my vaccinations since Dec. 30th, 1851, regretting that for the previous seven years there is only an imperfect record.

For a plan of record, I use the following table:—

No.	Age.	Name.	Parent.	Residence.	Date.	Number of times.	Prev. result.	Virus from	Result.	
27.	6 yrs.	John A.	John Jones.	500 Congress St.	Aug. 1st, '67.	3d.	Fail.	No. 26.	Failure.	See
28.	3 w	Alice.	" "	" "	" "	1st.		" "	Success.	Notes.

If anything peculiar occurs, the general note-book gives the history of the case, and an indication to that effect is in the last column.

Since Dec. 30th, 1851, I have vaccinated 1082 times.

Of these there were

Successful primary vaccinations,	736	
Successfully vaccinated twice (2ce) successively,		50
" " three (3) times "		3
" " once (1ce), with failure the second (2d) and unheard of the third (3d) time,		5
Successfully vaccinated once (1ce), with failure the second (2d) and success the third (3d) time,		3
Successfully vaccinated three (3) times and a fourth (4th) time unheard from,		2
Successfully vaccinated three (3) times, with failure the fourth (4th),		1
" " once, and the second (2d) time unheard from,		53
" " once, and the second (2d) time failed,		218
Of which failed a third (3d) time,		21
" " twice (2ce), with failure afterwards,		11
Primary vaccinations, with the result unknown,		24

Unsuccessful primary vaccinations, unheard from afterwards,	14
Unsuccessfully vaccinated twice (2ce), unheard from afterwards,	14
Unsuccessfully vaccinated twice (2ce) and a third (3d) time not heard from,	3
Unsuccessfully vaccinated three (3) times; after history unknown,	4
" " five (5) " " "	4
" " six (6) " " "	2
" " seven (7) " " "	1
" " once, successfully the second (2d) time,	73
" " twice, successfully the third (3d) time,	22
" " three (3) times, successfully the fourth (4th),	6
" " four (4) times, successfully the fifth (5th),	3
" " six (6) times, successfully the seventh (7th),	1
" " ten (10) times, successfully the eleventh (11th)	1
" " eleven (11) times, successfully the twelfth (12th)	1
" " thirteen (13) times, successfully the fourteenth (14th),	1
The latter patient was twice (2ce) more vaccinated without success.	
Unsuccessfully vaccinated eight (8) times; after history not known,	2
" " ten (10) " " " "	1
" " eleven (11) " " " "	1
" " fourteen (14) " and a fifteenth (15th) not heard from,	1
" " sixteen (16) times; after history not known,	1
" " twenty (20) " " " "	1
" " " "	2

These latter two (2) were mother and child, and the times of vaccination spread over years. Being connected with my own family, I have frequent opportunities of knowing with regard to them. How nearly they have been exposed to variola, of course, is unknown.

Patients said to have been successfully vaccinated, but bearing no mark,	23
Of these there were said to have been twice (2ce) successfully vaccinated,	2
Re-vaccination failed in,	15
" succeeded in,	2
A third (3d) re-vaccination failed in,	2
Re-vaccinated and not heard from,	5

Until my attention was of late called to these records, I had forgotten many interesting points.

Case 146.—H. T. was successfully vaccinated in childhood. Dec. 29th, 1854, was unsuccessfully re-vaccinated with virus six (6) days old, which operated successfully on another patient four (4) days later. Had moderately severe premonitory symptoms, and broke out with varioloid Jan. 13th, 1855. There were not over half a dozen papules, which aborted.

Case 156.—Miss W. said she had been twice (2ce) unsuccessfully vaccinated. Re-vaccinated February 10th, 1855, with virus furnished by Dr. H. G. Clark. It resulted in severe local inflammation, but without success. On subsequent examination of her arm, there were found marks of what I believed to be a previous successful vaccination. Nine (9) days later, her mother broke out with varioloid. On the same day, her father and sister were taken ill, and her brother on the following day, with what proved to be well-marked varioloid. She escaped.

CASE 196.—Miss L. was vaccinated for the fourth (4th) time, Nov. 13th, 1855. The three (3) previous vaccinations were unsuccessfully performed. At the time of the operation there was reason to think that her child (five years old), who was successfully vaccinated in infancy by Dr. W. H. Thayer, had just been suffering from a mild attack of varioloid. There had certainly been several cases of varioloid in the house.

On the night of the 14th–15th, she began to have pain in the head and back. The night of the 16th–17th was passed without sleep.

Nov. 17th.—The points of vaccination are quite red, and feel like small tubercles under the cuticle.

19th.—The face is covered with distinct papules, but generally quite close to each other, as if to become confluent. In many spots vesicular. The vaccination has taken, and one of the points has a white patch in the centre.

20th.—Vesicles on the face do not progress rapidly, but the points on the arms have all become vesicular.

21st.—Face vesicles nearly full, and a few of them are beginning to dry. Vaccine vesicles quite full.

22d.—The vaccine and varioloid eruption are too much alike to be distinguished, and contain pus. Last night she was delirious. The face, arms, forearms, hands and legs are very fully broken out; the body very slightly. Up to the night of Nov. 26th–27th, delirious. After that, recovery rapid.

CASE 197.—M. J., infant child of L. C., residing in same house with 196, was vaccinated the first time in two points by Dr. Coit on the 11th of November. On account of the sickness in the house, I re-vaccinated her in two other points on the 16th. One of the two points of the 11th had begun to show at the time. All four points took. She had varioloid notwithstanding.

CASE 275 has a bearing upon another point than vaccinia, and is worthy of attention. Nov. 3d, 1857, I vaccinated the apparently perfectly healthy child of J. P. The operation was successful, and on the 10th of November I charged quills with the lymph and with it vaccinated No. 278, an infant, and 279, a boy of 14 years. These were both primary operations. With virus from 278, 280 was vaccinated. Several days later, I was called to see 275, and found it with eruption like syphilis upon the legs. This was afterwards seen by Dr. Durkee, who agreed with me in my suspicions.

Dec. 4th.—The hands, feet, legs, nates and hips are covered with scales. Coryza severe. The father acknowledges syphilis, three years ago, before marriage. Was under treatment, and supposed himself well. Has nodes on his shins. Wife miscarried in her first pregnancy, a few months after marriage. The original case 275 is still living, but lost a portion of his nasal bones and a part of the palate from syphilitic disease. No. 278 never during five years showed any indications of disease, and since then nothing is known

of her. No. 279 I know nothing of, except that the vaccination was a success. No. 280 I often see. His vaccination succeeded, and he is now to all appearances a perfectly well boy of 13 years.

Case 342, a case of re-vaccination, is worth calling attention to, as an illustration of how easily injustice may often have been done to physicians, who have only done their duty, the trouble being in the patient. No. 338 was her child, from whose arm I took lymph, with which another child was successfully vaccinated, and without any ill effect. As I was about leaving the house, she asked me to re-vaccinate herself. She was vaccinated in two (2) points in the left arm, the result of which was severe phlegmonous disease of long continuance, extending throughout that extremity. At my visit, a few days afterwards, she informed me that, "if I had not seen the virus taken from my own child and put in my arm, I should have *known*, Doctor, that you used bad matter."

Case 393, a boy some 10 years old, was successfully vaccinated in infancy. Since then, had varioloid. On the 22d of September, 1859, he was again successfully vaccinated with a portion of scab, six weeks old, taken from a vesicle which had been punctured for the purpose of procuring lymph.

Case 399, infant, was vaccinated Nov. 8th, 1859, in two points on the right arm, and in two points on the right leg. The father had broken out with varioloid on the 6th of November. Nov. 10th, a fifth point was introduced into the left arm. The five points were successful; the child, who was constantly exposed, escaped varioloid, and with lymph from its arm five others were successfully vaccinated.

Case 427 was one of third vaccination, the others having failed. There were three points in the right leg, which took well, but was followed by very severe erysipelatous inflammation.

Case 505 was a lady, who was unsuccessfully vaccinated on the 4th of January, 1860, for the eighth (8th) time. She described the symptoms of severe vaccine disease in the hands, when a child, and after milking a cow.

Case 543 was of a lady, whose husband broke out with varioloid Jan. 12th, 1860. She knew that she had been before vaccinated, but no indications of it could be discovered. She was re-vaccinated on the 12th, but without success. She did not take varioloid.

Case 734.—Child of H. L. D., 6 months old. First vaccination Oct. 25th, 1861. No sign of vaccination at the end of *six days*. There appeared on the *eighth day*, by its mother's account, a small acuminated pustule. It was in the place of one of the vaccination points. It scabbed over, and I saw it a few days before the second vaccination, which was on the 21st of November following. It looked like a vaccine scab, and came off on the 19th of November. The re-vaccination failed, and it was repeated on the 7th of March, 1862, on the 2d of May, 1864, and on the 6th of March, 1867. It

was never successful, so far as I know, though the arm has been made sore by vaccination, and there is nothing but a faint white speck to be seen.

Case 761.—A boy of W. G., five weeks old, was vaccinated in two points on the left arm, on the 12th of March, 1862. The virus used had been two days on the quill, and produced the usual normal vesicle, at the normal time, in two other children. March 19th, no sign of the vaccine disease was to be seen, and he was re-vaccinated in two points upon the left leg. These two latter points became vesicular on the fifth day, and one of the points upon the arm, nearest the shoulder, began upon that day to be vesicular. The three points progressed together.

Case 838.—E. R., three months old, was vaccinated with virus said to be one remove from the cow, on Sept. 29th, 1863. Two points were introduced into the left arm, with failure for the result. She was re-vaccinated Oct. 5th, in the same arm, with the same result. Oct. 12th, she was again re-vaccinated in two points upon the left leg. Both these took. A third vesicle sprung up near them, at a point where no puncture was made, which went through the regular course of vaccinia, from which lymph was taken and five others were successfully inoculated with it.

An older child of the same parents I vaccinated unsuccessfully eleven (11) times.

Case 883.—C. C., 2 months old, vaccinated April 22d, 1864, with lymph which operated well in four other cases. There were two points of vaccination in the left arm. On the 29th, there was no sign of vaccine disease, and two other points were introduced into the same arm. These two failed, but one of the first points in the meantime came forward and went through the regular course.

Case 983.—Dec. 31st, 1865, I vaccinated I. E. H., six weeks old, in two points upon the left arm, and in two upon the left leg. The mother broke out with varioloid the day before. The child was nursing her. One of the points upon the arm and one upon the leg did well. She had no signs of varioloid. On the 7th day of January, 1866, a week later, I re-vaccinated her father and five brothers and sisters with lymph from her arm. In no case was a vaccine vesicle produced, but every one of them had inflamed arms.

Case 1029.—A. C. did not know that she had ever been vaccinated, and neither speck nor point indicated that she had. Adult. March 5th, 1867, I rubbed lymph one day old into scarifications in her left arm. The arm became much inflamed, but there was no vesicle.

Case 1056.—Wm. G. had been twice unsuccessfully vaccinated. May 30th, 1867, his son being sick in the house with the varioloid at the time, he was again re-vaccinated. His exposure was constant, but the result was failure.

The following cases of modified varioloid disease I find among my earlier records:—

A.—Monday, Jan. 8th, 1846, vaccinated two children of H. G. C., in consequence of feared exposure to variola, with lymph taken on the eighth day from a perfectly well child. Four days later, my attention was called to an eruption on the face, neck, body, arms and legs of the elder, three and a quarter years old, supposed by the parent to be variola, but which resembled varicella in all its stages except the scab. It appeared about twenty-four hours before. At both points of insertion of the lymph, a slight papule was to be felt under the skin, nothing being visible but the lancet puncture. The child has been unwell for several days, languid, with anorexia and pain in head. On the *sixth day*, the eruption is increasing and in places scabbing; vaccine *papules* enlarging. On the *seventh day*, varicella more scabbed; vaccine *papules* still increasing slowly. *Eighth day*, varicella stationary; vaccinia enlarging, but containing no liquid lymph. *Ninth day*, varicella disappearing; vaccinia becoming vesicular. *Tenth day*, the vaccine vesicles all full, and the progress of the disease was afterwards normal.

B.—On the 17th of the same month, Dr. J. M. Phipps vaccinated M., 4 months old. Parents did not know of any exposure to variola. On the *fifth day*, papules, apparently variolous, appeared on the head, and gradually spread downwards, covering the body and legs.

I saw the child first, on the *eighth day*. The vaccine vesicles were perfect and full of lymph. The varioloid papules seemed to be going through the regular course. *Ninth day*, one of the vaccine vesicles has retracted, and become even with the surrounding skin. The other has been injured, and has a scab upon it. The head, neck, arms and legs are covered with regular distinct variolous disease. *Tenth day*, some of the pustules are becoming absorbed, some of them are scabbing, and the vaccinia is the same. The patient recovered.

C.—On the 10th of April saw R., a girl of ten years, for Dr. W. H. Thayer. Face covered with variola papules. On the following day her face was a complete mass of eruption, which eventually became confluent. This day vaccinated her sister, eleven months old, in two spots. The arm was examined daily. Regular vaccinia eruption appeared, and on the *eighth day* was vesicular, and filled with lymph. On the *thirteenth day*, it was said that this child had been restless and unwell for two or three days. Face spotted with a dozen or more little papules, hard and shot-like to the touch; arms, legs and body slightly sprinkled with the same. On the *sixteenth day*, these papules are becoming absorbed, and those on the face have almost entirely gone. The vaccine scabs are still adherent.

D.—A child of E., four years old, was exposed to varioloid in person of the father. April 14th, vaccinated by Dr. G. N. Thompson, on the left arm, in three points. On the *sixth day*, the vaccine vesicles

were full of lymph. At this time, the child was exceedingly fretful and feverish. On the *seventh day* at night, and more especially on the *eighth day*, a papular eruption was observed upon the body, red, rough and shot-like. *Ninth day*, papules not multiplied, but increased in size, with distinct, red areolæ. *Tenth day*, eruption increased in redness and prominence, each papule having become a distinct vesicle. Some increase of eruption on face. The vaccinia has gone on regularly. *Eleventh day*, the child is quite lively. No great constitutional disturbance; vaccine pustules drying, dark colored, with corrugated edges. From this date, terminating in recovery, the disease went on as a common case of varioloid.

E. ——— was vaccinated at the old House of Industry, at South Boston, on Jan. 20th, 1850, and broke out the same day with varioloid, she having been before vaccinated and bearing the mark on her left arm. This vaccination was upon the right arm, and virus was introduced at three points. About fifty varioloid pustules made their appearance and went through their regular course. The vaccine disease also passed its several stages regularly and in about the regular time.

F.—This child was a patient of Dr. M. S. Perry. It was vaccinated immediately after birth, in consequence of variola in the mother. On the eighth day, lymph was taken from a perfect vesicle on its arm, and used successfully upon several other individuals. Several days after the disease had entirely disappeared from the child's arm, in regular course, it was severely attacked with varioloid, from which it recovered.

VACCINATION AND RE-VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

Without attempting to enter into the interesting discussion your readers have enjoyed from the pens of Drs. Cotting, Seaverns and others, we desire to call attention to a few remarks on what is necessary to be observed in order to secure successful vaccination. No one is really qualified, whatever may have been his experience, to speak of the effective character of a vaccination who has not at suitable periods noted the progress of the vaccine vesicle. This, in our opinion, is to be laid down as an axiom, never to be forgotten, and as truly self-evident as the fact that the genuine disease can only be produced by *pure lymph* from a *regular source*. An experienced eye is able to detect any deviation from the *true* vesicle, while cicatrices may, and often do, deceive.

After regular vaccination, it is true the cicatrix assumes an uniformity of aspect, upon which we may rely with *almost* absolute certainty. This is the only criterion, if we exclude re-vaccination, but it should never be absolutely trusted. And we will repeat, that no-

thing but a watchful inspection of the progress of the vesicle will justify confidence in security.

As we cannot in all cases make correct observation on the progress of the vesicle, it is *incumbent* on the medical man to secure reliable lymph. According to Jenner, the time for *taking* the lymph is between the fifth and eighth days, and before the formation of the areola. We believe this to be *the only sure method;* yet it is true that the affection may be propagated by virus found in the scab, but this succeeds only when *active* lymph is preserved in a dried state, within the scales of the crust.

The unfortunate results which have sometimes followed vaccination and re-vaccination may be traced to lymph taken from a vesicle which has deviated from the perfect standard; from persons laboring under some cutaneous or constitutional disease; or because the rules laid down by the immortal Jenner have not been punctually observed. Therefore, when the full and regular development of the vesicle is in the slightest degree disturbed, the vaccination ought to be distrusted.

Many years have passed away since the rules laid down by Jenner were impressed upon the mind of the profession; and we have little doubt that a large per cent. of evil results occurring from vaccination and re-vaccination are so many proofs that they are not sufficiently considered, and we regard it a duty of journalists to recall them. When his admonitions are heeded and his instructions are observed, then, and not till then, will evil effects be avoided and public confidence in the practice of vaccination be fully established.

Lawrence, Mass., Oct. 25, 1867. G. W. G.

A CASE OF RETENTION OF URINE FROM A CALCULUS IMPACTED AT THE MEATUS.

[Communicated for the Boston Medical and Surgical Journal.]

J. M., 4 years old, a strong, healthy boy, was brought to me at the Boston Dispensary, on the 19th of July last. His mother stated that he had passed no water for twenty-four hours. On examination, the prepuce and penis were seen to be much swollen and very œdematous. The bladder was much distended with urine. There was phymosis, and so much œdema that it was difficult to find the orifice of the prepuce. The boy was very anxious, in great pain and distress, with a hot skin and a quick pulse. With the assistance of Dr. Hall Curtis the child was etherized, the prepuce slit up, and a calculus about a line and a half in diameter, of an angular shape, with facets, was found to be completely blocking up the meatus and to have been tightly imprisoned by the swollen prepuce. The urine began to dribble away as soon as the obstruction was removed, but a catheter was passed to accelerate its flow; about thirty-six ounces were drawn off,

with entire relief to the patient. An analysis of the stone shows it to be composed of urates and of oxalate of lime.

Boston, Oct. 21, 1867. JOHN HOMANS, JR.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 135.]

IF a topical remedy of a soothing character is required at any stage of the treatment, the following will be beneficial:—℞. Liquoris plumbi, ʒ i.; olei camphorati, aquæ calcis, āā ʒ ij. M. Signa. Liniment. Or the almond emulsion, with prussic acid, the formula for which has already been given, may be employed. For the removal of incrustations, which are sometimes very thick and troublesome, particularly in the adult subject, and also with a view to diminish any profound infiltration, the alkaline lotions, warm emollient fomentations, and poultices will be required.

If the eruption is on the face, the beard and whiskers should be kept short with scissors. The treatment now set forth is all that is required in the cure of the disease under consideration, whatever portion of the cutaneous membrane may be affected.

An attack of impetigo does not possess the clinical advantage of destroying in the economy the liability to a second invasion, as is the case with the eruptive fevers which have their origin in specific poisons; but on the contrary, we are obliged to acknowledge that an individual who has once suffered from it, or from eczema, is a prominent candidate for subsequent manifestations of the same complaint.

Scabies.

This eruption is endowed with an ubiquity unsurpassed by any other cutaneous disease. It prevails in all climates, at all seasons, among all ages and descriptions of men, women and children—thus showing that it is no respecter of persons. It has its origin in an animal parasite which has received the names of acarus scabiei, sarcoptes hominis, &c. &c. It is found more frequently among the poor than the rich, on account of the crowding together of the former, and their greater liability to contract those diseases which are propagated by contact. Neglect of personal cleanliness is only indirectly instrumental in the production of scabies. It furnishes a foothold for the disease, while the rapidity and extent of the invasion are in proportion to the unguarded state of those parts of the integument which are first attacked. The use of the stronger alkaline soaps by the poorer classes is one of their greatest safeguards against the complaint; not alone because it insures a clean skin, but because it destroys at the same time the living cause of the malady. More will be said on this subject in the treatment.

This affection has been familiarly named *the itch*, from its most

characteristic symptom. In no other cutaneous disease is the pruritus so intense as it is at times in this. The intolerable itching and the mechanical irritation of scratching, by which the patient seeks to afford relief to the perverted sensibility of the skin, are the causes of many of the subsequent lesions of this organ. The condition of the system and the duration of the disease are potent agents in the character and extent of the eruption. Its chronicity is often due not only to the neglect of proper measures for destroying the animal parasite which is its cause, but also, it is probable, to the deteriorated condition of the tegumentary and general system in consequence of the excessive nervous irritation. If we omit, for the present, the characteristic lesions which are produced by the burrowing of the parasites, the earliest appreciable change in the condition of the skin is the pruritus. This is at first of a purely local character. As the disease becomes more extensive, the pruritus is not limited to those parts of the integument which present the traces of the acari, but is of a general character. It is possible that a portion of this excessive nervous irritation is subjective. The pediculus corporis frequently occasions a similar excitable condition of the different portions of the entire surface of the body, although a few only may be present, and these at places remote from the seat of pruritus.

Much has been said about the regions of the body upon which the acarus of scabies is most commonly found. This would be of little importance did it not sometimes furnish a distinctive element in the diagnosis of the disease. The positive statements of some writers upon this subject would seem to leave no doubt as to the places of election in this disease. Certain observers, as the Germans, are in the habit of examining the nates as one of the most favorable regions for the purpose of finding the characteristic burrows of the acari; others, as the French, are not satisfied until the prepuce and glans penis are thoroughly exposed; while the English and American dermatologists are contented if they find a burrow between the fingers, or in the palms of the hands, or the soles of the feet. There is no doubt but the burrows or cuniculi are to be found in all these regions in most cases. Warmth and undisturbed condition of the parts are both favorable to the attacks and the propagation of the parasites. All those influences, whether atmospheric or chemical, which disturb the above conditions, render the soil so far unfit for the habitation and multiplication of the itch insect. Habit and the occupation have also much to do in affording facilities for its inroads. Shoemakers are most liable to the localization of scabies on the nates from the habitual warmth of these parts. Those whose hands are constantly wet or exposed to cold, or in contact with acrid substances, are seldom affected with scabies on these parts. The delicate skin of women and children affords the most favorable conditions for the general distribution of the acari. Thus, we find the cuniculi not only upon the hands and feet of children, but elsewhere

upon the surface. In infants, the soles of the feet are often the best places for finding the furrows. They are also found in the palms of the hands, and may be rendered more apparent if ink is spread over the suspected part and in a few minutes wiped away with a rag that is slightly moistened with water. The loose, dead epidermic cells imbibe the coloring matter and are blackened by the tannate of iron, so that the furrows appear either as straight, curved, or tortuous lines, or composed of series of little black dots. The usual length of one of these little canals is two to three lines; they may, however, be much longer. They are situated in the epiderma, and are caused by the female, which penetrates this tissue for the purpose of depositing her eggs. The parasite may be removed by means of a pin or needle pushed into the open end of the canal and raised so as to rupture a portion of the cuticle which forms its exterior covering. The animal is then displaced most easily by the blunt point of a pin. It is very minute, glistening, and just distinguishable by the unassisted eye as a little oval, pearly mass. A lens magnifying five or ten diameters will reveal its movements to the eye and some of most distinct characteristics. Higher magnifying powers will be required in order to study the details of its structure.

The disease presents certain distinctive features, which are immediately recognized as soon as it is seen by the experienced observer. The presence of the burrows helps to confirm the diagnosis, but is not altogether essential to the validity of our conclusions. We recognize scabies as we do the familiar features of an old acquaintance, not from a minute examination of the individual traits, but by the general aspect. Indeed, diagnosis in all skin diseases is much facilitated in this manner, to say nothing of the broader basis upon which our conclusions are thus made to rest. It is safe, then, if, in the presence of other well-pronounced symptoms, there is a failure for some reason or other to detect the furrows, to still adhere to our opinion that the disease is scabies; since our general convictions are often the most reliable ones in such cases.

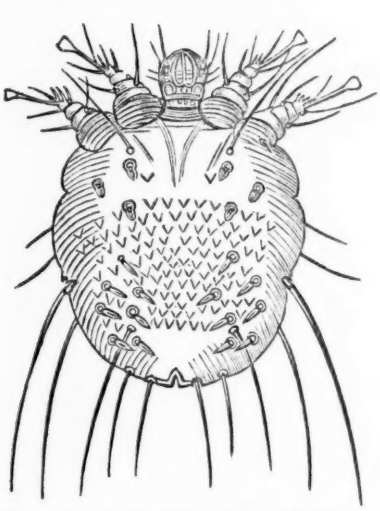
The eruptive appearances in scabies are quite various. They consist of papules, vesicles and pustules; and of all of the conditions of the skin which arise from the elementary lesions. They constitute, apart from their cause, and the peculiarities of their situation, all of the different grades of inflammation which are to be found in an eczematous or impetiginous affection.

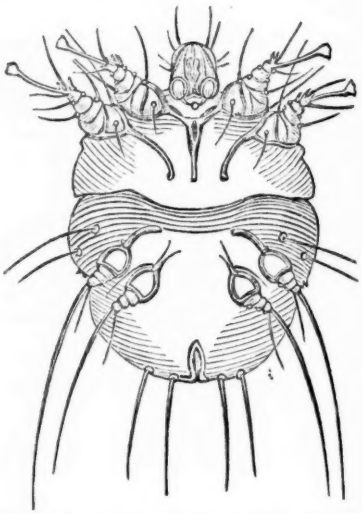
The papular and vesicular forms of the eruption are, however, of the most common occurrence in scabies. Generally speaking, it is in the chronic forms, or when the disease attacks the debilitated, that a pustular eruption makes its appearance. This is peculiar, even then, to certain portions of the skin, such as the hands and feet, in most instances. In children, also, it is more liable to occur than in adults. The papules are quite numerous upon the back of the hands and upon the arms. The vesicles occur upon the inner borders of

the fingers; and the pustules are also found in the same position, and likewise in the palms of the hands. In the latter situation they are broad and flat, on account of the thick and unyielding nature of the epiderma.

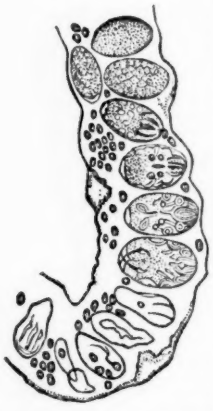
The Acarus.

The length of the acarus is about $\frac{1}{150}$ of an inch, and its breadth about the same when arrived at adult life. The head is oblong, obtusely pointed, short-set; has slightly dentated jaws, with upper and lower lips, and is capable of elongation or retraction at will





from beneath the dorsal plate, or carapax, as it is termed. It has two eyes, placed laterally near the attachment of the head to the body. The animal has eight legs, of which four are near the head, ending in sucking cups or discs, and four more posteriorly inserted, each terminating in a bristle. It has twelve hair-like filaments, or spines, projecting backwards from the posterior segment of the body, some long and some short, and being all directed backwards they assist the creature in its attempts to penetrate the epidermis with its flattened snout, and render any retrograde motion or retreat utterly impossible. The males are much less numerous than the females (1 to 10, according to Bourguignon). The movements of the male are much more rapid than those of the female. The form of the acarus has been compared, and not inaptly, to that of a tortoise. Under a high power of the microscope, it appears almost transparent. The male makes no furrow or cuniculi; he either burrows a short distance in the cuticle or is found



on the surface. The female produces the cuniculi for the purpose of depositing her ova, which vary in number from 25 to 50. Some observers tell us that she deposits one ovum each day until she completes this labor; others state that she lays four eggs at a time, and that the period of incubation extends over three or four days. During this process the acarus remains at rest in its furrow. The eggs are arranged either in pairs, the outer surface of each touching the walls of the furrow, or they are disposed in a single line.

The contagious nature of scabies depends on the transmission of sarcoptes of both sexes, or of a pregnant female, from one person to another. A single unimpregnated female or male acarus alone cannot produce the disease.

The two wood-cuts on the opposite page represent the female acarus and the moniliform arrangement of her ova, together with fragments of excrementitious matter as deposited in the cuniculi.

[To be continued.]

Massachusetts General Hospital.

[Surgical Operations for the week ending November 9th. Reported by C. B. Porter, M.D., Surgeon to Out-patients.]

1. *Exostosis of Upper Jaw.* By Dr. H. J. Bigelow.—Tumor was the size of a large horse-chesnut, situated at the back part of the alveolar process of the right side, of about six years growth, pediculated, and containing on its convex surface two molar teeth. It was removed by chisel and forceps, leaving a small opening into the antrum, upon which the tumor encroached.

2. *Tumor of Back.* By Dr. H. J. Bigelow.—Female, aged 39. Tumor of two years growth. Tumor was about the size of a small cocoa-nut, lying between the posterior and inferior angle of the scapula and the spines of the dorsal vertebræ, and so hard as to lead to the suspicion that it was either an exostosis or enchondroma, seemingly attached to the ribs, being immovable, painless, rounded and prominent. *Operation.*—A crucial incision was made over the tumor, each incision running from the base on one side over the tumor to the base on the other, through the integuments, when it was found that the tumor was beneath the thick muscles of that region; these being divided and the edges of the mass dissected up, it was apparent that it was adherent to the ribs and intercostal muscles, from which it was carefully dissected by means of curved scissors and removed, exposing the pleura thickened, and to which it seemed attached. A few vessels were ligatured, and the wound closed by sutures. A considerable absorption of the bodies of the 8th and 9th ribs had taken place. Although very dense and hard, this tumor showed, on section, no trace of enchondromatous or bony tissue, while its irregularly mottled and light-colored surface, together with the great disparity in size and shape of its cells, under the microscope, left little doubt of its future recurrent tendency.

3. *Tumor of Breast (recurrent).* By Dr. S. Cabot.—Female, aged 48. Tumor size of a large orange, of two years growth. Patient, five years before, had had a large tumor of twenty years growth removed, weighing about 7½ pounds. There was no reappearance of the tumor for three years, when it commenced to return on the line of the cicatrix, since which time it has been growing rapidly. The tumor corresponded very nearly to the normal position of the nipple, and was removed in a manner similar to that for excision of the breast, and the wound closed by sutures.

4. *Tumor of Tongue.* By Dr. H. J. Bigelow.--Female, aged 55. Tumor

of three years growth. The tumor was about the size of an English walnut, somewhat flattened, situated at the base of the tongue, on the left side, lying partly in front, though principally behind the palato-glossus muscle, and below the tonsil, quite hard and incompressible, not ulcerated, lobulated, rising from the surface, and of a buff color. An incision being made through the mucous membrane, there was so much hæmorrhage that a strong ligature was passed under the centre of the tumor and tied. The tumor was then cut off just above the ligature. Although this tumor was raised nearly an inch above the tongue, invested with a healthy mucous membrane, and wholly free from the ulceration common to malignant growths of this region, it yet proved to be of malignant character.

5. *Radical Cure of Hernia; Wood's Operation.* By Dr. S. Cabot.—Patient, a young boy. Inguinal hernia. Dr. Cabot stated that instead of making use of pins, as recommended by Wood, in a child so young, he preferred to use wire, as ordinarily used in operating upon the adult, viz., passing the wire through the external pillar of the external ring on the outside, and on the inside through the internal pillar and conjoined tendon of the internal oblique and transversalis, and then invaginating a portion of the cellular tissue of the scrotum; which being done, the ends of the wire were twisted and fastened over a small roller.

6. *Tumor of Orbit.* By Dr. H. J. Bigelow.—Female, aged 58. Tumor of nine months duration. Tumor filled the orbit, protruding the eye outward upon the cheek, extending up on the forehead nearly to the frontal eminence. Fluctuating, painless, being from its size and rapid growth cancer or pus, although no circumscribed deposit of lymph could be detected to indicate the latter. *Operation.*—A curved incision was made from just over the external angular process of the frontal bone inwards nearly to the median line, the soft parts being gradually divided until the tumor was exposed, when a puncture being made, pus was discharged. On enlarging the opening and passing in the finger, there was found to be extensive necrosis, the cavity of the frontal sinus admitting the finger freely. The wound was left open.

7. *Tumor of Breast (male).* By Dr. S. Cabot.—Patient aged 43. Tumor was about the size of a butternut, a little external and above nipple. The skin over the tumor was of a dark purple hue, which he stated was a "mother mark," which he recollected as always having been there, but the tumor had never attracted his attention until six months previous. The tumor was hard and incompressible. It was removed by an oval incision, and, on section, proved to be an inflamed vascular tumor, as had been diagnosticated by Dr. Cabot previous to the operation. Wound closed by sutures.

8. *Double Hare-lip.* By Dr. H. J. Bigelow.—Patient an infant. Dr. Bigelow remarked that this was the most exaggerated case of hare-lip he had met with. A wide fissure separated the maxillaries, in the centre of which the vomer protruded, long and straight, for a distance of three quarters of an inch, surmounted by the intermaxillaries and septum, with a bit of integument. The intermaxillaries were removed by forceps. Lips and nasal septum being pared, were traversed by a pin, and the rest united by sutures.

9. *Single Hare-lip.* By Dr. H. J. Bigelow.—Fissure upon left side, involving palate. Edges freely dissected up, pared, and united by sutures. The success of these operations being, as was stated, largely dependent on the free dissection of the flaps and the absence of a subsequent notch, chiefly to be prevented by excision of the oblique corners.

10. *Plastic Operation.* By Dr. S. Cabot.—Patient, two weeks before, had received a severe lacerated wound at the inner commissure of the eyelids by a meat-hook, nearly tearing away the upper eyelid, which at the time of the accident had been put back into position and sutured. Adhesion did not take place, and the patient entered the hospital with the parts in nearly as bad a condition as when first wounded. The edges were refreshed, and the parts brought into apposition and sutured.

11. *Club-foot.* By Dr. H. J. Bigelow.—Infant. Double varus. Tendo-Achillis of each side divided.

12. *Gangrene of two Toes.* By Dr. H. J. Bigelow.—Patient, a laborer. Foot crushed by a stone. Toes amputated.

13. *Abscess in Lumbar Region.* By Dr. S. Cabot.—Patient, a young woman. An incision, two inches in length, made through the integument and adipose tissue, opened the cavity of the abscess, which discharged about ten ounces of laudable pus. On passing in the finger, the cavity was found to extend from the 11th rib down nearly to the crest of the ilium, and the 12th rib was found denuded of periosteum and roughened over a space as large as the forefinger nail.

14th. *Club-foot.* By Dr. H. J. Bigelow.—Patient, a child. Varus. Tendo-Achillis and plantar-fascia divided.

15. *False Anchylosis of Elbow-joint.* By Dr. H. J. Bigelow.—Patient, a young man. Anchylosis following a kick from a horse —— months before. Patient etherized, and elbow slowly flexed and rotated.

16. *Fistula in Ano.* By Dr. S. Cabot.—There were sinuses leading to above internal sphincter, and extending up outside sacrum to about its middle, which were freely laid open, the bleeding stopped by the application of perchloride of iron, and the wounds stuffed with lint.

17. *Excision of Elbow-joint for Deformity.* By Dr. R. M. Hodges.—Patient, a young lady aged 14 years. The elbow was bent to an angle of forty-five degrees by the contraction of a cicatrix of a burn received at the age of 7 years. The whole elbow was a mass of cicatrix, and the bones atrophied, partially anchylosed and displaced. The excision was performed on account of the inconvenience of the existing deformity. Although a large removal of bone was required, the operation was performed with the hope that at least a better position of the forearm might be obtained, and that by the relief of tension certain ulcerations of the cicatrix might be made to heal.

18. *Necrosis of Femur.* By Dr. S. Cabot.—Patient, a boy. Necrosis following injury. There were two openings leading to the bone—one on the outer and the other on the inner surface of the thigh, about three inches above knee-joint. These were enlarged by stretching them with scissors, and three fragments, about one inch long, removed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 14, 1867.

CONTINUANCE OF THE HEART'S ACTION AFTER DEATH.

At the time when the London *Lancet* made such an unwarrantable attack upon Dr. Henry G. Clark, of this city, for making, as it alleged, an autopsy upon a criminal who had been executed in Boston jail, before the body was actually dead, we published a case which to our minds satisfactorily proved the entire groundlessness of the charge. The circumstances which gave rise to the charge, we would remind our readers, were briefly these:—A murderer, by the name of McGee, suffered the extremity of the law, and after his body had been suspended for an hour, and careful examination by several physicians had failed to detect any sign of life, the body was cut down and transferred to the dead-house for dissection. On opening the chest, the right auricle was seen to contract at regular intervals. The phenomenon was watched with great interest by the physicians present, and was observed for four or five hours. It continued after all connection with the nervous centres had been severed; and after spontaneous action had ceased the auricle could be made to contract by stimulating it with the point of a scalpel. The occurrence was looked upon as an interesting illustration of the well-known irritability of the heart, which is quite familiar to all acquainted with

our text-books of physiology. The attack of the *Lancet* was of the grossest character, and, as we have said above, we were able to publish in this JOURNAL authenticated instances of similar occurrences after death by the guillotine. A fresh interest has been recently given to the subject by a paper on the "Physiology of the Circulatory Functions," read before the International Medical Congress in Paris, by M. Marcelin Duval, Director of the Brest Naval Medical School. The paper contains the results of experiments performed upon guillotined criminals in 1850–1851 and 1866. They fully confirm, what hardly needed confirmation, the fact that the heart may beat after life is extinct, and that its contraction therefore is not of itself evidence that resuscitation is possible. The following is a translation of an extract from M. Duval's report, giving the appearances noticed:—

"*Carotid Arteries.*—The first two bodies were brought to the dissecting-room—one five and the other six minutes after execution. In both the severed extremities of the common carotids rose at regular intervals and extended themselves beyond the level of the section of the neck and then retracted again, a movement which might be compared to that of a good-sized artery upon which a ligature has been placed immediately after amputation. At each impulsion a small quantity of frothy, crimson blood escaped from the open extremities of the carotids. Blood flowed also from the internal jugular veins, equally frothy in character, but darker in color. The arterial shocks were feeble, but perfectly appreciable to the sight.

"*Heart.*—About seven minutes after death the chest was rapidly opened, and the beating of the heart could be perceived through the pericardium, which contained about an ounce and a third of a very clear, slightly yellowish liquid. The heart, left uncovered by the incision of the pericardium, was studied as it lay, before its action or position had been modified by contact or otherwise.

"*Movements of right and left Auricles.*—The left auricle is in repose upon the aorta, which it embraces. After a very short, but appreciable, time of rest, this appendix rises suddenly and leaves the aorta exposed, then falls rapidly and resumes its previous position. There is expansion of the auricle, as though it were distended by liquid, and during the expansion it becomes longer, and the fringes upon its edge assume a denticulated appearance until the auricle falls to its first position, when they approach one another again. This double movement, perfectly rhythmical, reproduced itself forty-eight times during the first minute, but its frequency rapidly grew less, and in the seventh minute it occurred only seven times. It should be also mentioned that, in the first subject, the right auricle pulsated strongly and regularly at the rate of forty-three or four times a minute, at first, and that the pulsations persisted an hour and a quarter, and were not interrupted by the removal of the stomach, the intestines, the diaphragm, and even of the lungs. The contraction of the ventricles was distinctly perceived, all their diameters becoming less and their surfaces gathering themselves into folds and wrinkles. Both contracted at the same time, and in perfect accord, the contraction running from the base to the point of the heart.

Re-vaccination; value of the Scar left by the first Vaccination as an Indication of its Protective Influence.—We find the following interesting and important statistics in the Report of Drs. Seaton and Buchanan on the State of Public Vacci-

nation in London, and on the recent Epidemic of Smallpox, appended to the Sixth Report of the Medical Officer of the Privy Council for 1863.

"In the course of our school inquiry, we obtained facts that corroborate in the strongest way the law of connection between deficient vaccine scars and post-vaccinal smallpox. By showing how much smallpox has prevailed in the vaccinated children, the facts we are going to cite would be of themselves a sufficient condemnation of much of the London vaccination. We found 88 children scarred by smallpox out of the 49,570 school children who bore vaccine scars. This is at the rate of 1.78 per 1000 of the vaccinated children. Excluding the infant schools, and looking only to those children whose ages had given them longer exposure to smallpox, it was found (1), with respect to the quality of the vaccine scar, that out of each thousand children with typical scars, 1.22 were pitted by smallpox; out of a thousand with tolerable scars, 2.35 were pitted by smallpox; and out of a thousand with bad marks, 7.60 were pitted by smallpox. (2) As for the protective influence of the quantity of vaccination in the individual, it was further ascertained that of those children who had 4 scars (whatever their quality), 0.67 only per thousand were pitted by smallpox; of those who had 3 scars, 1.42 in the thousand were so pitted; of children with 2 marks, 2.49 in the thousand were scarred by smallpox; while those children who had only 1 vaccination mark were scarred with smallpox at the rate of 6.80 in the thousand. At the one extreme of goodness, with 4 or more typical scars, only 0.62 per thousand children were scarred by smallpox, while at the other extreme of badness, with 1 bad scar only, 19.0 per thousand were scarred by smallpox. The best vaccination, therefore, was more than 30 times as protective as the worst."

Yellow Fever.—The terrible epidemic of yellow fever, which has ravaged our Southwestern coast during the present season, has greatly abated, and on the 6th inst. the Board of Health of New Orleans declared the disease to be no longer epidemic, and that citizens and strangers can now return without apprehension. The whole number of deaths up to the 5th inst. was 3006. We find the following table, exhibiting the weekly mortality during the first twelve weeks of the epidemic in that city, in the *Medical News and Library*:—

Week ending July 13	3	Week ending August 24	69
" " " 20	2	" " " 31	126
" " " 28	5	" " September 7	212
" " August 3	9	" " " 14	354
" " " 10	14	" " " 21	398
" " " 17	12	" " " 28	492

The papers state that the disease has prevailed among all classes and all nationalities. It does not seek out for its victims those only who have resided in the city but a short period. Those who have escaped other epidemics in New Orleans have lost their lives by the present one.

In this connection, the following extract from a letter from Dr. C. B. White, written at New Orleans, is interesting. Dr. White was formerly Surgeon of Volunteers and Medical Director in the 5th Military District.

The epidemic this year has been directed more to the nervous than to the circulatory system. The mortality is slight in comparison with former years. There were fewer cases assuming the hæmorrhagic form (black vomit). The majority of fatal results showed extensive congestion of the brain and its membranes.

Quinine is, if not hurtful, at least useless. I have used it in only a few in-

stances this year, and with unpleasant results. You ask if yellow fever bears any relation to bilious remittent. In my opinion it does not, although many observers testify to the contrary. Yellow fever is a fever *sui generis*, self-limited, and, as a rule, occurs but once in a life-time. Although a *zymotic*, it is peculiarly a *telluric* poison, and is greatly modified by hygienic and atmospheric influences. I have, since the commencement of this epidemic, treated 120 cases. Of these, 11 resulted fatally. Two of these were relapses. Two could have been saved but for the negligence and ignorance of nurses. Two had been sick without aid twenty-four hours before I saw them. In five I had every chance, but without success. The third two would, I think, have died under the most energetic and decisive treatment.

One of my cases put down as recovered, died six weeks afterwards under the care of a "Howard" physician, who decided that mercury was the cause. As I did not give her any, death probably resulted as the remote effect of the fever. Many physicians can show a smaller percentage of deaths under the head of yellow fever, yet the city records give an astonishing number of deaths under the head of "congestion of the brain."

Many have received the seeds of the disease here and died elsewhere, as was the case with Lt. Stickney, of the 21st Infty., who was proceeding north on his wedding tour, and died at Lynchburg, Va., Oct. 4th, of yellow fever contracted in New Orleans. * * * C. B. WHITE, M.D.

PROF. EDMUND ANDREWS, in an interesting letter to the *Chicago Medical Examiner*, on the International Medical Congress, writes:—

On the fourth day, was discussed the very important topic of the accidents which follow surgical operations, such as erysipelas, hospital gangrene, and pyæmia.

It is frightful to contemplate the destruction of life in European hospitals by these diseases, and to perceive that it is kept up by the gross mismanagement of even their best and most eminent men.

The great murderous sin of European hospitals is want of ventilation. They are afraid of pure air, and, consequently, pyæmia is a fearful surgical scourge. M. GOSSELIN, at the Hôpital de la Pitié, innocently reports that he has an epidemic of erysipelas regularly, almost every winter (at the season when the weather causes the windows to be closed), but seemed to have no suspicion that it might be prevented with ease. He also reports, with the utmost coolness, that of the cases which originate in the hospital every third patient dies. I think this is perfect butchery, and I cannot help comparing it with the better practice in Chicago, where, in Mercy Hospital, deaths from pyæmia and erysipelas have become an almost unknown thing, being completely banished by the simple expedient of opening wide the windows, and keeping every surgical patient, night and day, in a current of pure air. Prof. PAGET, of London, has recently experimented in the same way, though he does not seem to be aware that we had settled the matter in Chicago, and published it years ago. His report confirms my experience. He says that the most efficient preventive of pyæmia, is to place the patient in a constant current of pure air, an announcement which ought to strike like a peal of thunder on the ears of European surgeons. The effect of foul air in Paris hospitals is such that they do not dare to close wounds by first intention. I have seen them fill the space between the flaps of an amputation with charpie, as they used to do in the dark ages, and the risk of pyæmia is so great as to render many valuable operations wholly unjustifiable.

The surgeons represented in the Congress generally admitted that ventilation favored escape from pyæmia, but the idea rested in their heads in a very sleepy, foggy manner. Not one of them seemed to be aware of the fact that this cause of death can be completely removed by the means of fresh air. The papers which were read showed that the authors were blindly fumbling about in the materia medica, to find some medicament which would enable them to combat pyæmia without pure respiration. Some used a solution of perchloride of iron, applied to the flaps of amputated cases; others applied solutions of carbolic acid;

others employed various measures, all very useful and valuable in themselves; but deadly blunders were committed in this respect, viz., they all invited the profession to rely on these secondary measures, instead of *perfecting the ventilation of the hospitals.*

We regret to announce the death, at New Haven, of Dr. Worthington Hooker, a name well known to the medical profession in the United States. Dr. Hooker was a native of Springfield, and since 1852 Professor at Yale Medical College. The *Springfield Republican* says that he was a graduate of Yale College in 1825, and of Harvard Medical School in 1829. He had attained an eminence fully worthy the position he filled for fifteen years in Yale College, and did much to render his difficult science one of popular use and knowledge. Several valuable works, treating of medicine and chemistry and their practical combinations, came from his pen, and have been extensively used as school text books.

Cirsoid Aneurism cured by Injections.—Professor Pitha showed, at the Medica Society of Vienna, a young man whom he had cured of a cirsoid aneurism of the side of the head. It was of large size. The occipital, posterior auricular and temporal arteries were largely dilated, being as large as quill-pens; the temporals and occipitals showed sacs as large as nuts. The auricular was enormous, violet in color, and showed distinct pulsations. Extirpation was not to be thought of, and ligature of the external carotid would have been useless, as the collateral branches would have carried on the circulation. Pressure, which was borne with much patience, caused œdema without diminishing the size of the tumor. Injection of the sesquichloride of iron was then tried. It formed a clot; the part became hard, suppurated at points, and the tumor disappeared. After two injections, only a little capillary dilatation remained; the occipital, which resisted longest, still pulsated.—*Edinb. Med. Jour.*, from *Gaz. des Hopitaux.*

On a New Method of Expelling Tænia.—In order to treat the patient rationally, it must, *a priori*, be established that it is necessary—1st. To administer some substance which will kill, or at least render inert, the worm, without exciting contraction of the intestines; and 2dly, to give to the patient afterwards a mild oleaginous purgative, which will remove the worm without breaking it up. Inhalation of ether, or its direct absorption by the intestinal canal, after it has been administered either in capsules, or evaporated with syrup, will produce anæsthesia in the entozoon, which is then carried without violence to the rectum, from which it may be expelled entire and alive by a dose of some mild purgative.

Dr. Lortet has tried this remedy in only a few cases, but it has always succeeded, even in two patients in whom all other remedies had failed. The following is his method:—To give in one dose 20 grammes of ether, which in two hours is followed by 30 grammes of castor-oil. The worm is discharged without causing pain, entire or almost so, and always with the cephalic end intact.—*Leavenworth Medical Herald.*

University of South Carolina (Columbia).—A Medical Department has been organized in this University. The faculty consists of John T. Darby, M.D., Professor of Anatomy and Surgery; A. N. Talley, M.D., Professor of Principles and Practice of Medicine and Obstetrics; Joseph Le Conte, M.D., Professor of Chemistry and Pharmacy; M. La Borde, M.D., Professor of Physiology and Hygiene; John Le Conte, M.D., Professor of Materia Medica and Medical Jurisprudence. The medical course commences on the first Monday in October, and continues for nine months.—*New York Medical Journal.*

Cholera in Italy.—Statistics recently published in Italy show in eight months in United Italy, there were 32,577 cases, 12,901 deaths. Majority attacked were

men—15,467 were among the poorer classes. Rates of mortality greater among higher classes, being 60 per cent. of those attacked. Cases few among children. Susceptibility most evident between ages 20 and 35.—*Western Jour. of Medicine.*

Resignation of M. Nélaton.—M. Nélaton has resigned his chair as Professor of Clinical Surgery. The *Medical Gazette* says the reason assigned is, that, in addition to his previously immense practice, the recent death of Jobert de Lamballe and Velpeau has put upon him a large amount of work. We have heard M. Nélaton's professional income, from private practice, his positions as Surgeon to the Emperor and professor *agrégé*, estimated at $125,000 per annum. It is said that the anatomist, Sappéy, will succeed him in the clinical chair.

The Learned Professions in England.—It is stated of the three leading professions, that in England the number of persons belonging to each is nearly the same—viz., 35,995 medical, 35,483 clerical, 34,970 legal.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 9th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	38	39	77
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.9	36.9	73.8
Average corrected to increased population - - - - -	00	00	81.58
Deaths of persons above 90 - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Some Considerations with regard to the Pathology and Treatment of Pott's Disease of the Spine.—Gonorrhœal Rheumatism.—Inclination of the Vertical Meridian of the Eyeball for the direction of Vision obliquely upwards and outwards.—Recent Contributions to the Anatomy of the Tympanum.—Experiments and Observations on Absinth and Absinthism.

BOOKS AND PAMPHLETS RECEIVED.—Transactions of the American Dental Association.—Wright on Headaches. Philadelphia: Lindsay & Blakiston.—West on the Diseases of Women. Philadelphia: Henry C. Lea.—Byford on the Diseases and Accidents incident to Women. Philadelphia: Lindsay & Blakiston.—Inhalation; its Therapeutics and Practice. By J. Solis Cohen, M.D. Philadelphia: Lindsay & Blakiston.—Physician's Hand-book. By William Elmer, M.D. New York: W. A. Townsend & Adams.—A Contribution to the History of the Hip-joint Operations performed during the late Civil War; being the Statistics of Twenty Cases of Amputations and Thirteen of Resections at this Articulation in the Southern Service. By Paul F. Eve, M.D., Professor of Surgery in the University of Nashville, Tenn.—Circular No. 7; War Department, Surgeon-General's Office, Washington: A Report on Amputations at the Hip-joint in Military Surgery.—Statistics of Ninety Cases of Operation for Urinary Calculus. By Paul F. Eve, M.D., Nashville, Tenn.—Proceedings introductory to the Twenty-fifth Annual Session of Rush Medical College.—Transactions of the Twenty-second Annual Meeting of the Ohio State Medical Society, June 11th and 12th, 1867.—City of Boston: Report of the Committee on Bathing, 1867.—Abstract from the Transactions of the Maine Medical Association, June, 1867.—Annual Address delivered before the Maine Medical Association, June, 1867, by George H. Chadwick, A.M., M.D.—Annual Address before the Medical Society of the State of New York, Feb. 6, 1867, by Joseph C. Hutchinson, M.D., of Brooklyn, President.—University of Albany: Historical Sketches of the Medical College, Law School, and the Dudley Observatory.—Thirty-first Annual Report of the Officers of the Vermont Asylum for the Insane, August, 1867.—An Essay on Man, by Alexander Pope; with Illustrations and Notes by S. R. Wells, New York.—The Gospel among the Animals; or, Christ with Cattle. By Samuel Osgood, D.D.

DEATHS IN BOSTON for the week ending Saturday noon, Nov. 9th, 77. Males, 38—Females, 39. Aneurism of aorta, 1—apoplexy, 1—disease of the bowels, 1—disease of the brain, 6—bronchitis, 5—burns, 1—cholera infantum, 1—consumption, 9—convulsions, 2—croup, 2—cystitis, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—scarlet fever, 7—typhoid fever, 4—disease of the heart, 1—infantile, 3—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 2—old age, 2—paralysis, 1—peritonitis, 1—premature birth, 1—puerperal disease, 1—softening of the stomach, 1—teething, 1—trismus nascentium, 1—unknown, 4.

Under 5 years of age, 34—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 56—Ireland, 16—other places, 5.